

FIRST REGULAR SESSION

SENATE COMMITTEE SUBSTITUTE FOR

SENATE BILL NO. 157

102ND GENERAL ASSEMBLY

0779S.02C

KRISTINA MARTIN, Secretary

AN ACT

To repeal section 334.104, RSMo, and to enact in lieu thereof one new section relating to collaborative practice arrangements with nurses.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Section 334.104, RSMo, is repealed and one new
2 section enacted in lieu thereof, to be known as section 334.104,
3 to read as follows:

334.104. 1. A physician may enter into collaborative
2 practice arrangements with registered professional nurses.
3 Collaborative practice arrangements shall be in the form of
4 written agreements, jointly agreed-upon protocols, or
5 standing orders for the delivery of health care services.
6 Collaborative practice arrangements, which shall be in
7 writing, may delegate to a registered professional nurse the
8 authority to administer or dispense drugs and provide
9 treatment as long as the delivery of such health care
10 services is within the scope of practice of the registered
11 professional nurse and is consistent with that nurse's
12 skill, training and competence.

13 2. Collaborative practice arrangements, which shall be
14 in writing, may delegate to a registered professional nurse
15 the authority to administer, dispense or prescribe drugs and
16 provide treatment if the registered professional nurse is an
17 advanced practice registered nurse as defined in subdivision

EXPLANATION-Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

18 (2) of section 335.016. Collaborative practice arrangements
19 may delegate to an advanced practice registered nurse, as
20 defined in section 335.016, the authority to administer,
21 dispense, or prescribe controlled substances listed in
22 Schedules III, IV, and V of section 195.017, and Schedule
23 II - hydrocodone; except that, the collaborative practice
24 arrangement shall not delegate the authority to administer
25 any controlled substances listed in Schedules III, IV, and V
26 of section 195.017, or Schedule II - hydrocodone for the
27 purpose of inducing sedation or general anesthesia for
28 therapeutic, diagnostic, or surgical procedures. Schedule
29 III narcotic controlled substance and Schedule II -
30 hydrocodone prescriptions shall be limited to a one hundred
31 twenty-hour supply without refill. Such collaborative
32 practice arrangements shall be in the form of written
33 agreements, jointly agreed-upon protocols or standing orders
34 for the delivery of health care services. An advanced
35 practice registered nurse may prescribe buprenorphine for up
36 to a thirty-day supply without refill for patients receiving
37 medication-assisted treatment for substance use disorders
38 under the direction of the collaborating physician.

39 3. The written collaborative practice arrangement
40 shall contain at least the following provisions:

41 (1) Complete names, home and business addresses, zip
42 codes, and telephone numbers of the collaborating physician
43 and the advanced practice registered nurse;

44 (2) A list of all other offices or locations besides
45 those listed in subdivision (1) of this subsection where the
46 collaborating physician authorized the advanced practice
47 registered nurse to prescribe;

48 (3) A requirement that there shall be posted at every
49 office where the advanced practice registered nurse is

50 authorized to prescribe, in collaboration with a physician,
51 a prominently displayed disclosure statement informing
52 patients that they may be seen by an advanced practice
53 registered nurse and have the right to see the collaborating
54 physician;

55 (4) All specialty or board certifications of the
56 collaborating physician and all certifications of the
57 advanced practice registered nurse;

58 (5) The manner of collaboration between the
59 collaborating physician and the advanced practice registered
60 nurse, including how the collaborating physician and the
61 advanced practice registered nurse will:

62 (a) Engage in collaborative practice consistent with
63 each professional's skill, training, education, and
64 competence;

65 (b) Maintain geographic proximity, except **as specified**
66 **in this paragraph. The following provisions shall apply**
67 **with respect to this requirement:**

68 a. **Until August 28, 2025, an advanced practice**
69 **registered nurse providing services in a correctional**
70 **center, as defined in section 217.010, and his or her**
71 **collaborating physician shall satisfy the geographic**
72 **proximity requirement if they practice within two hundred**
73 **miles by road of one another;**

74 b. The collaborative practice arrangement may allow
75 for geographic proximity to be waived for a maximum of
76 twenty-eight days per calendar year for rural health clinics
77 as defined by P.L. 95-210 **(42 U.S.C. Section 1395x, as**
78 **amended)**, as long as the collaborative practice arrangement
79 includes alternative plans as required in paragraph (c) of
80 this subdivision. This exception to geographic proximity
81 shall apply only to independent rural health clinics,

82 provider-based rural health clinics where the provider is a
83 critical access hospital as provided in 42 U.S.C. Section
84 1395i-4, and provider-based rural health clinics where the
85 main location of the hospital sponsor is greater than fifty
86 miles from the clinic[.]; **and**

87 **c.** The collaborating physician is required to maintain
88 documentation related to this requirement and to present it
89 to the state board of registration for the healing arts when
90 requested; and

91 (c) Provide coverage during absence, incapacity,
92 infirmity, or emergency by the collaborating physician;

93 (6) A description of the advanced practice registered
94 nurse's controlled substance prescriptive authority in
95 collaboration with the physician, including a list of the
96 controlled substances the physician authorizes the nurse to
97 prescribe and documentation that it is consistent with each
98 professional's education, knowledge, skill, and competence;

99 (7) A list of all other written practice agreements of
100 the collaborating physician and the advanced practice
101 registered nurse;

102 (8) The duration of the written practice agreement
103 between the collaborating physician and the advanced
104 practice registered nurse;

105 (9) A description of the time and manner of the
106 collaborating physician's review of the advanced practice
107 registered nurse's delivery of health care services. The
108 description shall include provisions that the advanced
109 practice registered nurse shall submit a minimum of ten
110 percent of the charts documenting the advanced practice
111 registered nurse's delivery of health care services to the
112 collaborating physician for review by the collaborating

113 physician, or any other physician designated in the
114 collaborative practice arrangement, every fourteen days; and

115 (10) The collaborating physician, or any other
116 physician designated in the collaborative practice
117 arrangement, shall review every fourteen days a minimum of
118 twenty percent of the charts in which the advanced practice
119 registered nurse prescribes controlled substances. The
120 charts reviewed under this subdivision may be counted in the
121 number of charts required to be reviewed under subdivision
122 (9) of this subsection.

123 4. The state board of registration for the healing
124 arts pursuant to section 334.125 and the board of nursing
125 pursuant to section 335.036 may jointly promulgate rules
126 regulating the use of collaborative practice arrangements.
127 Such rules shall be limited to specifying geographic areas
128 to be covered, the methods of treatment that may be covered
129 by collaborative practice arrangements and the requirements
130 for review of services provided pursuant to collaborative
131 practice arrangements including delegating authority to
132 prescribe controlled substances. **Any rules relating to**
133 **geographic proximity shall allow a collaborating physician**
134 **and a collaborating advanced practice registered nurse to**
135 **practice within two hundred miles by road of one another**
136 **until August 28, 2025, if the nurse is providing services in**
137 **a correctional center, as defined in section 217.010.** Any
138 rules relating to dispensing or distribution of medications
139 or devices by prescription or prescription drug orders under
140 this section shall be subject to the approval of the state
141 board of pharmacy. Any rules relating to dispensing or
142 distribution of controlled substances by prescription or
143 prescription drug orders under this section shall be subject
144 to the approval of the department of health and senior

145 services and the state board of pharmacy. In order to take
146 effect, such rules shall be approved by a majority vote of a
147 quorum of each board. Neither the state board of
148 registration for the healing arts nor the board of nursing
149 may separately promulgate rules relating to collaborative
150 practice arrangements. Such jointly promulgated rules shall
151 be consistent with guidelines for federally funded clinics.
152 The rulemaking authority granted in this subsection shall
153 not extend to collaborative practice arrangements of
154 hospital employees providing inpatient care within hospitals
155 as defined pursuant to chapter 197 or population-based
156 public health services as defined by 20 CSR 2150-5.100 as of
157 April 30, 2008.

158 5. The state board of registration for the healing
159 arts shall not deny, revoke, suspend or otherwise take
160 disciplinary action against a physician for health care
161 services delegated to a registered professional nurse
162 provided the provisions of this section and the rules
163 promulgated thereunder are satisfied. Upon the written
164 request of a physician subject to a disciplinary action
165 imposed as a result of an agreement between a physician and
166 a registered professional nurse or registered physician
167 assistant, whether written or not, prior to August 28, 1993,
168 all records of such disciplinary licensure action and all
169 records pertaining to the filing, investigation or review of
170 an alleged violation of this chapter incurred as a result of
171 such an agreement shall be removed from the records of the
172 state board of registration for the healing arts and the
173 division of professional registration and shall not be
174 disclosed to any public or private entity seeking such
175 information from the board or the division. The state board
176 of registration for the healing arts shall take action to

177 correct reports of alleged violations and disciplinary
178 actions as described in this section which have been
179 submitted to the National Practitioner Data Bank. In
180 subsequent applications or representations relating to his
181 **or her** medical practice, a physician completing forms or
182 documents shall not be required to report any actions of the
183 state board of registration for the healing arts for which
184 the records are subject to removal under this section.

185 6. Within thirty days of any change and on each
186 renewal, the state board of registration for the healing
187 arts shall require every physician to identify whether the
188 physician is engaged in any collaborative practice
189 agreement, including collaborative practice agreements
190 delegating the authority to prescribe controlled substances,
191 or physician assistant agreement and also report to the
192 board the name of each licensed professional with whom the
193 physician has entered into such agreement. The board may
194 make this information available to the public. The board
195 shall track the reported information and may routinely
196 conduct random reviews of such agreements to ensure that
197 agreements are carried out for compliance under this chapter.

198 7. Notwithstanding any law to the contrary, a
199 certified registered nurse anesthetist as defined in
200 subdivision (8) of section 335.016 shall be permitted to
201 provide anesthesia services without a collaborative practice
202 arrangement provided that he or she is under the supervision
203 of an anesthesiologist or other physician, dentist, or
204 podiatrist who is immediately available if needed. Nothing
205 in this subsection shall be construed to prohibit or prevent
206 a certified registered nurse anesthetist as defined in
207 subdivision (8) of section 335.016 from entering into a
208 collaborative practice arrangement under this section,

209 except that the collaborative practice arrangement may not
210 delegate the authority to prescribe any controlled
211 substances listed in Schedules III, IV, and V of section
212 195.017, or Schedule II - hydrocodone.

213 8. A collaborating physician shall not enter into a
214 collaborative practice arrangement with more than six full-
215 time equivalent advanced practice registered nurses, full-
216 time equivalent licensed physician assistants, or full-time
217 equivalent assistant physicians, or any combination
218 thereof. This limitation shall not apply to collaborative
219 arrangements of hospital employees providing inpatient care
220 service in hospitals as defined in chapter 197 or population-
221 based public health services as defined by 20 CSR 2150-5.100
222 as of April 30, 2008, or to a certified registered nurse
223 anesthetist providing anesthesia services under the
224 supervision of an anesthesiologist or other physician,
225 dentist, or podiatrist who is immediately available if
226 needed as set out in subsection 7 of this section.

227 9. It is the responsibility of the collaborating
228 physician to determine and document the completion of at
229 least a one-month period of time during which the advanced
230 practice registered nurse shall practice with the
231 collaborating physician continuously present before
232 practicing in a setting where the collaborating physician is
233 not continuously present. This limitation shall not apply
234 to collaborative arrangements of providers of population-
235 based public health services as defined by 20 CSR 2150-5.100
236 as of April 30, 2008.

237 10. No agreement made under this section shall
238 supersede current hospital licensing regulations governing
239 hospital medication orders under protocols or standing
240 orders for the purpose of delivering inpatient or emergency

241 care within a hospital as defined in section 197.020 if such
242 protocols or standing orders have been approved by the
243 hospital's medical staff and pharmaceutical therapeutics
244 committee.

245 11. No contract or other agreement shall require a
246 physician to act as a collaborating physician for an
247 advanced practice registered nurse against the physician's
248 will. A physician shall have the right to refuse to act as
249 a collaborating physician, without penalty, for a particular
250 advanced practice registered nurse. No contract or other
251 agreement shall limit the collaborating physician's ultimate
252 authority over any protocols or standing orders or in the
253 delegation of the physician's authority to any advanced
254 practice registered nurse, but this requirement shall not
255 authorize a physician in implementing such protocols,
256 standing orders, or delegation to violate applicable
257 standards for safe medical practice established by
258 hospital's medical staff.

259 12. No contract or other agreement shall require any
260 advanced practice registered nurse to serve as a
261 collaborating advanced practice registered nurse for any
262 collaborating physician against the advanced practice
263 registered nurse's will. An advanced practice registered
264 nurse shall have the right to refuse to collaborate, without
265 penalty, with a particular physician.

✓